



## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(Typo of Time Glodily)			
PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Dillabaugh	Brent		(808) 550-2661	
MAILING ADDRESS (Street)			FAX	
677 Ala Moana Blvd., Suite 702			(808) 534-1199	
(City)	(State)	(Zip	Code)	
Honolulu	HI	968	96813	
EMPLOYING ORGANIZATION (Fill in only if you are e	mployed by a business entity which has been	retained to lobby)	TELEPHONE	
MAILING ADDRESS (Street)			FAX	
(City)	(State)	(Zip	Code)	

PART II ORGANIZATIO	N		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)  Hawaii Alliance for Community-Based Economic Development  MAILING ADDRESS (Street)		TELEPHONE	
		(808) 550-2661	
		FAX	
677 Ala Moana Blvd., Suite 702		(808) 537-1199	
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
MAILING ADDRESS (Street)		FAX	
(City)	(State)	(Zip Code)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
	N OF LOBBYIST				
I hereby certify that the	e information furnished abov	e is, to the best of my knowle	dge, correct and complete.		
Brent Dillespaugh 1/31/0.		1/31/07			
(Signature of Lobbyist)			(Date)		
PART V AUTHORIZATION	ON TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Robert Agres, Jr.	es, Jr. Executive Director				
NAME OF ORGANIZATION (if applicable)		TELEPHONE			
Hawaii Alliance for Community-Based Economic Development			(808) 550-2661		
MAILING ADDRESS (Street)			FAX		
677 Ala Moana Blvd., Suite 702		(808) 537-1199			
(City)	(State)		(Zip Code)		
Honolulu	HI 96813				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Furn	Cer	- <del>-</del>	1/31/07		
(Signature of Au	thorizing Officer or Person Repres	sented)	(Date)		